

**AGREEMENT BETWEEN THE COUNTY OF SAN LUIS OBISPO  
AND SLO NOOR FOUNDATION**

THIS AGREEMENT made and entered into on \_\_\_\_\_, 2013 by and between **San Luis Obispo County** (hereinafter referred to as the "County") and **SLO Noor Foundation** (hereinafter referred to as the "Contractor").

**WITNESSETH:**

**WHEREAS**, the Preventive Health Grant Program, using funds from the 1998 tobacco industry lawsuit and settlement (Tobacco Settlement), provides funding for programs/projects that promote the health and well-being of the community, encourage behaviors and activities that focus on preventing disease, and enable County residents to reach and maintain optimal health stability and independence; and

**WHEREAS**, the Community Based Organization Grant Program makes funds available to non-profit organizations for programs and services that support and complement (not duplicate) the efforts of the County's health and human service departments; and

**WHEREAS**, the Community Based Organization and Preventive Health Grant Review Committee (CBO/PHG) recommended that the Board of Supervisors fund 58 community based organizations and preventive health grant projects in fiscal year 2012-13 and

**WHEREAS**, the Board of Supervisors approved funding of the Contractor's **purchase of laboratory equipment and supplies for the SLO Noor Free Clinic in San Luis Obispo** by adopting the budget on June 18, 2013.

**NOW, THEREFORE**, the parties agree as follows:

1. **SCOPE OF SERVICES**: The Contractor shall perform and complete the activities contained in the Scope of Work (Exhibit A) attached to this agreement.
2. **PURPOSE**: The Contractor agrees that the primary purpose of this grant is to provide funding for programs/projects that benefit the public by promoting the health and well-being of the community, encouraging behaviors and activities that focus on preventing disease, and enabling County residents to reach and maintain optimal health stability and independence.
3. **TERM OF AGREEMENT**: The term of this agreement shall be for 12 months, beginning **July 1, 2013 and ending June 30, 2014**. The agreement may be extended by 90 days if the Contractor and County agree

in writing. The Board of Supervisors expressly grants to the County Administrator for San Luis Obispo County the authority to extend the Agreement pursuant to this Section as long as the change does not increase the maximum dollar amount of this Agreement or any other burden of the County under this Agreement.

4. GRANT: The County hereby agrees to transfer to Contractor, as a Community Based Organization Grant, **\$150,000** to complete all tasks and activities contained in Exhibit A. Program/project funding shall not be used to supplant existing operations not related to the project but must be used to support the project as proposed in Exhibit A.

Contractor understands and agrees that said grant is for the amount specified herein and the County has no obligation to award further, additional or ongoing grants beyond the term of this agreement.

5. REPORTING: The Contractor shall prepare and submit an annual report within sixty (60) days after the end of the grant period (see #3 - Term of Agreement), and should include the following: 1) final comparison of the approved project budget to actual expenditures, 2) actual program results reported in meaningful, measurable terms, and 3) this report shall be signed and dated by the project program manager. The Contractor shall provide at the County's request any other required or needed reports. The Contractor shall allow members of the Health and Human Services Grant Review Committee to conduct a site visit regarding the project or program.

Should Contractor fail to expend the grant funds in the project as proposed in Exhibit A, County may, at its option, require Contractor to repay all or any portion of the funds not expended in the project or improperly expended.

6. EQUIPMENT: If the project budget for this project includes purchase of any equipment which has a useful life extending beyond the termination date of this project, the Contractor agrees that said equipment will be transferred over to County at the conclusion of this project, unless the County consents to a renewal or extension of the same or some similar project by Contractor utilizing the same equipment.
7. ADMINISTRATIVE PROVISIONS: Notwithstanding anything herein to the contrary, the Contractor is subject to the provisions of the applicable state and local laws and the Contractor's Articles of Incorporation and Bylaws.
8. ACCOUNTING: The Contractor shall comply with all applicable accounting regulations and standards.

9. AUDITS:

- A. The Contractor shall maintain such records and accounts in accordance with general accounting practices. In addition, the Contractor shall maintain such records and accounts as may be required by the County. County may require Contractor, at its sole expense, to have its records and accounts audited annually by an accountant licensed by the State of California and approved in advance by said Auditor-Controller, and to present said audit to the County within thirty (30) days after the completion of the audit. County may make its own audit of Contractor's records and accounts at any time, if County so desires. Financial records should clearly demonstrate that the grant funds have been spent for the intended grant purpose within the scope of work (Exhibit A).
- B. The County shall have the right through its representative, and at all reasonable times, to inspect such books and records; and Contractor hereby agrees that all such records and instruments are available to the County. All State and Federal tax returns of Contractor insofar as this Agreement is concerned shall also be made available to the County for accounting purposes if requested.

10. INDEMNIFICATION: Contractor shall defend, indemnify and save harmless the County, its officers, agents and employees, from any and all claims, demands, damages, costs, expenses, judgments, attorney's fees, liabilities or other losses that may be asserted by any person or entity, and that arise out of or are made in connection with the acts or omissions relating to the performance of any duty, obligation, or work hereunder. The obligation to indemnify shall be effective and shall extend to all such claims and losses, in their entirety, even when such claims or losses arise from the comparative negligence of the County, its officers and employees. However, this indemnity will not extend to any claims or losses arising out of the sole negligence or willful misconduct of the County, its officers and employees.

The preceding paragraph applies to any theory of recovery relating to said act or omission by the Contractor, or its agents, employees, or other independent Agreements directly responsible to Contractor, including, but not limited to the following:

- A. Violation of statute, ordinance, or regulation
- B. Professional malpractice
- C. Willful, intentional or other wrongful acts or failures to act

- D. Negligence or recklessness
- E. Furnishing of defective or dangerous products
- F. Broad Form Property Damage (including Completed Operations)
- G. Premises Liability
- H. Strict Liability
- I. Inverse Condemnation
- J. Violation of Civil Rights
- K. Violation of any federal or state statute, regulation, or ruling resulting in a determination by the Internal Revenue Service, California Franchise Tax board, or any other California public entity responsible for collecting payroll taxes, when the Contractor is not an independent contractor.

It is the intent of the parties to provide the County the fullest indemnification, defense, and "hold harmless" rights allowed under the law. If any word(s) contained herein are deemed by a court to be in contravention of applicable law, said word(s) shall be severed from this Agreement and the remaining language shall be given full force and effort.

11. INSURANCE: Contractor shall procure the following required insurance coverages at its sole cost and expense and maintain in full force and effect for the period covered by this Agreement such insurance. All insurance coverages are to be placed with insurers which 1) have a Best's rating of no less than B+VIII, and 2) are admitted insurance companies in the State of California.

- A. Comprehensive General Liability (CGL): Contractor shall maintain in full force and effect, for the period covered by this Agreement, Comprehensive General Liability insurance with limits of liability of not less than the following: single limit coverage applying to bodily and personal injury, including death resulting therefrom, property damage, and automobile coverage in the total amount of \$1,000,000; and include the following coverages:

1. Personal Injury and Bodily Injury, including death resulting therefrom.
2. Property Damage.
3. Automobile coverage which shall include owned and non-owned vehicles.

4. The following endorsements must be provided in the CGL policy:

- a. If the insurance policy covers on an "accident" basis, it must be changed to "occurrence".
- b. The policy must cover personal injury as well as bodily injury.
- c. Blanket contractual liability must be afforded and the policy must contain a cross liability or severability of interest endorsement.
- d. The County of San Luis Obispo, its officers, employees, and agents shall be named insured under the policy, and the policy shall provide that the insurance will operate as primary insurance. No other insurance effected by the County, whether commercial or self-insurance, will be called upon to contribute to a loss hereunder. Nothing contained in this Agreement shall be construed to require Contractor's insurance to indemnify County in contravention of Insurance Code 11580.04.
- e. Self-insurance can be substituted for a commercial policy, the same provisions shall apply.

B. Worker's Compensation Insurance: In accordance with the provisions of Section 3700 of the Labor Code, Contractor, if Contractor has any employees, is required to be insured against liability for Worker's Compensation or to undertake self-insurance. Contractor agrees to comply with such provisions before commencing the performance of the work of this Agreement.

C. The following requirements apply to all insurance to be provided by Contractor:

1. A certificate of insurance shall be furnished to County prior to commencement of work. Upon request by the County, Contractor shall provide a certified copy of any insurance policy to the County within ten (10) working days.
2. Certificates and policies shall state that the policies shall not be canceled or reduced in coverage or changed in any other material aspect without thirty (30) days prior written notice to County.
3. Approval of the insurance by County shall not relieve or decrease the extent to which the Contractor may be held responsible for payment of damages resulting from

Contractor's services or operations pursuant to this Agreement.

4. The parties expressly agree that the indemnification and insurance clauses in this Agreement are an integral part of the performance exchanged in this Agreement. The compensation stated in this Agreement includes compensation for the risks transferred to Contractor by the indemnification and insurance clauses.
12. NON-DISCRIMINATION: Contractor shall not discriminate against any person or class of persons in violation of any and all federal, state and local non-discrimination laws.
13. COMPLIANCE WITH ALL LAWS: Contractor agrees to abide by all laws and regulations applicable to the expenditure of County grant funds, including but not limited to, the audit of the expenditure of these funds for compliance with regulations and the inclusion of provisions guaranteeing compliance with all labor laws and regulations pertinent to public funds.
14. SEVERABILITY: The invalidity of any provision of the Agreement shall not affect the validity or enforceability of any other provision of the Agreement.
15. REMEDIES NOT EXCLUSIVE: The use by either party of any remedy specified herein for the enforcement of the Agreement is not exclusive and shall not deprive the party using such remedy of or limit the application of, any other remedy provided by law.
16. LAW: This Agreement has been executed and delivered in the State of California and the validity, enforceability and interpretations of any of the clauses of the Agreement shall be determined and governed by the laws of the State of California.
17. VENUE: San Luis Obispo County shall be the venue for any action or proceeding that may be brought or arise out of, in connection with or by reason of this Agreement.
18. ENTIRE AGREEMENT AND MODIFICATIONS: This Agreement supersedes all previous Agreements and constitutes the entire understanding of the parties hereto. Contractor shall be entitled to no other benefits than those specified herein. No changes, amendments, or modifications shall be effective unless in writing and signed, in advance of the effective date of the change, amendment or modification, by both parties. Contractor specifically acknowledges that in entering into and executing this Agreement, Contractor relies solely upon the provisions

contained herein and no other Agreement or oral discussions prior to entering into this Agreement.

19. NO WAIVER: The failure to exercise any right or enforce any remedy contained in this Agreement shall not operate as or be construed to be a waiver or relinquishment of the exercise of such right or remedy, or of any right or remedy herein contained.
20. HEADINGS: The headings and other captions contained in this Agreement are for convenience only and shall not be used in interpreting, construing or enforcing of any provisions of this Agreement. This Agreement has been prepared through the efforts of all parties hereto and shall not be construed against any party as the draftsman.
21. NON-ASSIGNMENT OF AGREEMENT: This Agreement is intended to secure specialized services of Contractor and thus Contractor shall not assign, transfer, delegate or sublet this Agreement, or any interest therein, without the prior written consent of the County, and any such assignment, transfer, delegation or sublet without the County's prior written consent shall be considered null and void.
22. NOTICES: Any notices, demands or communication, under or in connection with this Agreement may be served upon County by personal service, or by mailing the same by regular mail and directed to County at:

County of San Luis Obispo  
Administrative Office  
1055 Monterey Street, D430  
San Luis Obispo CA 93408  
ATTN: Nikki J. Schmidt

and may be likewise served on Contractor at:

SLO Noor Foundation  
1428 Phillips Lane B-4  
San Luis Obispo CA 93401  
ATTN: Dr. Ahmad Nooristani

IN WITNESS WHEREOF, the County has executed this Agreement and the Contractor has caused this Agreement to be approved by its Board of Directors and to be executed by a duly authorized office, all as of the day and year first above written.

AGREED TO ON THE DAY AND YEAR SET FORTH ABOVE.

COUNTY OF SAN LUIS OBISPO

BY: \_\_\_\_\_

AUTHORIZED BY BOARD ACTION

\_\_\_\_\_, 2013

ATTEST

By: \_\_\_\_\_  
Clerk of the Board of Supervisors

APPROVED AS TO FORM AND LEGAL EFFECT  
RITA L. NEAL  
County Counsel

By: \_\_\_\_\_  
Chief Deputy County Counsel

Date: 8/1/13

Applicant: SLO Noor Foundation.  
By: \_\_\_\_\_  
Print Name: Amjad Nooris tani  
Title: CEO.

Applicant: SLO Noor Foundation  
By: Rupert C. Chowins  
Print Name: Rupert Chowins, esq.  
Title: Board Chairman



## Exhibit A

<b>Project Outputs</b> <ul style="list-style-type: none"><li>- Continue to provide labs in-house, rather than sending them out to local hospitals and pay associated costs.</li><li>- Provide 100 or more patients with diagnostic testing not currently available on-site at the clinic</li><li>- Increase number of patients seen monthly by 50 or more persons beginning June 2012</li></ul> Data will be collected on: <ul style="list-style-type: none"><li>- The number and type(s) of education given to patient/family seen at our clinic</li><li>- The number of referrals made to CMSP or other local programs</li><li>- The number of referrals sent to sub-specialist and what kind of specialist was needed</li><li>- And data will show medication assistance needed, the type of prescription (heart medication, diabetes medications, etc.)</li></ul>
<b>Project Outputs</b> <p>We will measure the effectiveness of our program with these goals in mind:</p> <ul style="list-style-type: none"><li>- 75% of our in-house lab testing/sampling costs will be lower than local "market rate."</li><li>- 100 patients or more will be provided with diagnostic testing not currently available on-site at the clinic.</li><li>- Monthly patient count will increase by 50 or more per month beginning June 2012</li><li>- 60% of our patient base will not use ER for primary care</li><li>- 100% of our patient base will receive health education related to their clinic visit. For example: healthy living options, wellness programs, Diabetes management, etc.</li><li>- We will provide direction to the appropriate resources available in our community to help link patients to agencies that can ensure successful outcomes for our patients, such as insurance coverage under state and local programs, programs that assist with housing, food, prescriptions, drug &amp; alcohol treatment, and care giving.</li><li>- When appropriate, patients will receive assistance with referral to sub-specialist.</li></ul> <p><i>Note. OUTPUT data collection is currently being recorded and is an on-going process. It will be included in YE report.</i></p>

**Requested Grant Funds in Fiscal Year 2013-14: \$150,000**

### **Program/Project Summary: SLO Noor Clinic Healthcare for the Uninsured**

The SLO Noor Clinic will provide uninsured SLO County residents (age 18 to 64) with access to quality healthcare – *primary care exams and treatments, vision, dental, physical therapy, health education, and auxiliary services* – with an emphasis on preventative care. By evaluating and treating patients via these multiple perspectives, our aim is to contribute

to the overall health and wellness of the population we serve and to help reduce healthcare costs countywide.

<b>Goal/Objective</b>	<b>Major Tasks (in order to achieve goal)</b>	<b>Timeline</b>
Continue to provide primary care exams/treatments, vision care, physical therapy, health education, and auxiliary services	A. Continue utilizing volunteer medical professionals to deliver patient care services B. Replenish supplies and small equipment as needed.	A. Ongoing B. Ongoing
Begin offering dental services: exams, hygiene treatments, and basic restorative procedures	A. Complete tenant improvements now underway B. Secure equipment & supplies for a 1-3 chair dental suite C. Replenish supplies and small equipment as needed	A. Target is Spring 2013 B. Target is Spring 2013 for at least 1-chair; then gradually expanding to 3 chairs.
Continue in-house laboratory services to provide accurate, reliable test results in minutes	A. Replenish supplies & small equipment as needed. B. Provide refresher courses or new protocol training to existing volunteer medical team. C. Train new volunteer (or paid) medical team members on I-Stat equipment.	A. Ongoing B. Ongoing C. Ongoing
Continue providing appropriate patients with Physician advised diagnostic testing that cannot be performed at SLO Noor Clinic	A. Continue to work collaboratively with current facilities/agencies that provided outside services in 2012. B. Transition from pro-bono to negotiated discounted rates for outside services. C. Cultivate new relationships with specialized facilities or agencies.	A. Ongoing B. Gradually in 2013 C. Ongoing
Increase both the clinic's capacity and Physicians' efficiency	A. Increase clinic hours for primary care appts. by 4 hrs/wk B. Hire a part-time Nurse Practitioner	A. As soon as a Nurse Practitioner is hired. B. As soon as funding to cover 6-months of payroll costs has been secured.
(Continued on next page)		

**Program/Project OUTPUTS:****Output Measures:**

- Volunteer medical professionals will provide 1600 (or more) patient appointments for primary care, vision, physical therapy or dental services during a 12-month period.
- 100 (or more) patients will receive diagnostic testing not currently available on-site at clinic
- 900 (or more) lab tests will be conducted in-house during a 12-month period.
- 450 (or more) free prescription eyeglasses will be dispensed during a 12-month period
- Expand medical clinic hours by (at least) 4 hrs/week before the end of 2013

**Data will be collected on:**

- The number and type(s) of health education given to patient/family seen at our clinic
- The number of referrals sent to sub-specialist and what kind of specialist was needed
- And data will show medication assistance stats as provided by Alliance for Pharmaceutical Access.

**Program/Project OUTCOMES:****We will measure the effectiveness of our program with these goals in mind:**

- Dental care services will be started during 2013
- 10% increase in total number of patients served in 2013 compared to 2012 figures
- 75% of our in-house lab testing/sampling costs will be lower than local "market rate."
- 75% of clinic patients will not seek primary care at a hospital ER unless physician advised
- 10% decrease in average wait time for medical or vision appointments (compared to Jan. 2013).
- 100% of patients will receive health education related to their clinic visit.
- 100% of patients will receive services at no charge.

**Scope of Work/Work Plan – FY 2013-14*****Practice Definition***

The SLO Noor Clinic is insured and fully licensed. As a clinic providing acute, non-emergent care, the SLO Noor Clinic strictly adheres to the accepted and approved practice policies. Supervising physicians include all physicians volunteering at the SLO Noor Clinic. There is a list of physicians with qualifying license numbers and dates that are authorized to be supervising physicians volunteering at the SLO Noor Clinic. Appropriate and current certification and licensing information is also on file at the SLO Noor Clinic for ophthalmologists, optometrists, physical therapists, dentists, and nurses who volunteer at SLO Noor Clinic.

***Dental Services Start-up***

As mentioned earlier, we believe strongly in the value and benefits of adding a dental health component to our "circle of care" in the Spring of 2013 ... and a special committee is

making good progress toward that goal, but flexibility with CBO/PHG funding assistance (via an approved amendment) would be greatly appreciated.

As noted on Page 3, we (and our patients) are anxious to begin accepting appointments as soon as possible to begin addressing this unmet need for uninsured adults... even if dental services begin with just one chair. Committee members have dedicated dozens of hours weekly to "leave no stone unturned" to locate and secure donations of equipment and supplies so the dental start-up can be accomplished with the least cash outlay possible. We do have some items already in storage and we are hopeful and optimistic that there will be more. Fundraising events to specifically benefit the dental goal will happen later this year, but it is difficult to estimate at this time what the proceeds may be. We also just recently launched a "Miracle 1000" donation campaign on our website: [www.sionoorfoundation.org](http://www.sionoorfoundation.org). The campaign goal is to have 1000 individuals and/or businesses pledge a monthly donation to help cover core operating expenses. We also do have grant applications pending and more are scheduled to be submitted, but we won't know the results for a number of months. We experienced a surprise in 2012. In one grant request, we requested funding for core operating expenses, but the funder designated the award to use for mammography and breast cancer care instead. For unexpected circumstances, flexibility would again be very appreciated.

Please also note that the attached budget draft does not include an appropriation for Capital Outlay (for permanent equipment purchases). As such, it is our hope that the Board of Supervisors would allow some redistribution of funding if needed. Example: If we were very close to being able to equip a 2<sup>nd</sup> exam room which would increase the number of patients that could be assisted, but still needed a key piece of equipment, perhaps we could ask a current diagnostic testing facility to continue to provide services pro bono for just a bit longer and utilize those budgeted funds (with the Supervisors' permission) for the missing piece of equipment. Making a request such as this may not be necessary, but we are trying to plan for possible variables that we may encounter while moving forward to meet our goals.

### ***In-house Laboratory Testing/Sampling***

The SLO Noor Clinic adheres to the Clinical Laboratory Improvement Amendments of 1988 (CLIA) for the performance of moderate complexity testing.

The laboratory has been in operation for fifteen months now. As our patients are uninsured, nearly all have not had full physical exams for much longer than is typically advised. Volunteer Physicians have **benefited from quick test results** to determine a patient's true health status and advise the patient of a treatment plan if needed.

During 2012, we performed 801 lab tests. The five most commonly performed tests are: Comp Metabolic Panel (91), Lipid Panel to monitor Cholesterol (69), Hgb (62), Urine Dip (46), and HgbA1c (34). Other labs performed on-site through December 31<sup>st</sup> include FSBS,

Hemoccult, Hepatic Function Panel, HgbA1c, Lipid Panel and Lipid Panel Plus, Liver Panel Plus, Renal Function Panel, WBC, Rapid Strep Test, Mono, and HGB. Our newest offering is Hep-C/HIV/AIDS.

Additional equipment and supplies (lab test kits, etc.) were purchased in 2012 (with the Board of Supervisors permission) utilizing the remaining balance of the initial \$75,000 CBO/PHG grant funding received in 2011. (As such, the income/expenses are reflected on the 2011 YE financials.) Postponing the purchases until 2012 allowed us to tailor the equipment we now have in place to what we have found to be the most common patient needs. For example, within a 3-month period, 96 patients came to us with cardiac symptoms: chest pain, hypertension, leg swelling, etc. The EKG and other monitoring systems now in place have been extremely helpful diagnostic tools – especially for **more extensive heart health testing that can be done on-site**. And with the I-Stat equipment now in place, we have the **capability to perform an even larger range of moderate complexity testing** than we did in 2011.

In 2012, we again did a cost comparison of our costs versus a respected local diagnostic facility charging Medicare rates. **Had the lab tests been outsourced, the cost would have been 600% higher.**

### ***Diagnostic Testing***

Before the clinic opened, it was difficult to precisely pinpoint what the average health profile, age, and sex of our patients would be. Now that our volunteer physicians have had the benefit of meeting nearly 2,000 clinic patients, we have a better understanding of our target population. What we are finding is that a frequent reason they wish to see a doctor is for aches or pains that would benefit from an X-ray or ultrasound to help the physician make a diagnosis and treat. Additionally, as a preventative health measure, when people reach certain age milestones, tests (like mammograms or colonoscopies) are strongly suggested to be scheduled annually, or at other recommended intervals. A large number of our patients to date fall in these age categories. However, because they are uninsured and do not have the financial means to pay for exams, they have postponed or skipped the tests. **As many problems are “silent” until they progress to more serious stages, early detection and treatment is highly preferable to the alternative.**

At this time the SLO Noor Clinic is not equipped to provide the types of diagnostic tests listed below. However, local facilities and agencies have provided these procedures for us at their locations. As explained in our mid-year report, these providers have generously shown their support for what the SLO Noor Clinic is doing for uninsured patients and have provided their services pro bono during our start-up stage. For 2013/14, we are transitioning to paying negotiated discounted rates for their services so they can cover their costs. In our most recent conversations, some will continue to do so for a shorter period than other facilities.

We cannot predict exact figures of the type and number of diagnostic tests that will be needed in 2013/14 because it will depend on the evaluation of the Volunteer Physicians of patients current health and history and the total number of patients seen. However, the following list gives expected costs for what we estimate will be physician advised:

- #1 Mammograms – for women 40 and over: \$150 - \$270
- #2 X-Rays or abdominal ultrasounds: \$174
- #3 PSA Tests – can do these in-house or outsource at a discounted price: \$80
- #4 Colonoscopies – starting @ about age 50: \$2,758 (including 3 specimens)
- #5 Bone Density Tests – for women 50 and over: \$440

### ***Increase Clinic Hours to Accommodate Additional Patients Each Week***

As mentioned previously, we already have more patients seeking medical attention than the current part-time clinic hours can accommodate. The wait time for medical appointments is currently 3 months. We would like to add 4 more hours per week as soon as possible. **This would be a means to accept more new patients monthly and further relieve hospital ERs from visits from uninsured persons. It also would provide more opportunities to detect and treat conditions earlier rather than later.**

### ***Hire Additional Personnel***

To increase our capacity to accommodate additional patients seeking medical services, we still believe hiring a part-time Nurse Practitioner (NP) is a prudent investment. As detailed in our mid-year report, 31% of medical appointments have been for physician advised follow-up visits. Many, if not most, could have been cared for a NP. He/she could also oversee the in-house lab operations on days Volunteer Physicians are not at the clinic.

We currently have a one FTE Clinic Manager and a .5 FTE Clinic Coordinator. With the start of dental operations, they will have additional responsibilities in the areas of appointment scheduling, medical records, ordering supplies, recording statistical data, etc. They also provide assistance in coordinating arrangements when a patient requires a specialist consultation and assist with administrative matters. As explained in our mid-year report, we have postponed hiring a NP to help conserve cash outlay while we build up our revenue stream; volunteers have put in additional hours to bridge the gap temporarily. (Note: As patients do not pay for services received, our income comes from donations + fundraising activity proceeds + grant funding). Our plan now is to proceed with hiring a .5 FTE Nurse Practitioner just as soon as we have accrued 50% of personnel costs. **Doing so, the clinic will still be 99% staffed by volunteers.**

## ***Vision Care***

We do see all components of the menu of services we offer as vital, connected and complimentary to our “circle of care” approach to preventative healthcare. However, we’d like to highlight vision care for a moment.

The demand for vision care is very high. Currently, volunteer vision professionals see patients within an 8-hour time block weekly and there is currently a 4-month wait for an appointment. We are investigating different options to accommodate additional patients. One solution being considered is that there is room at the Phillips Lane location to privatize a section of the multi-purpose area and create/equip a 3<sup>rd</sup> optometry “lane” at some point in the future. This would allow more patient visits during the same time block ... and we have volunteers available to staff this addition. Also, eyeglass manufacturers (OGI Eyewear, I Care International, and SCOJO New York) donated stock when we initially started vision services and we do still have some inventory remaining. In planning for the future, we will at some point need to replenish stock. Our current plan is to solicit manufacturers and hopefully receive additional product donations. These needs are not immediate and the 2013 budget does not have specific line item appropriations, but some appropriation may be considered for 2014.

## ***Additional Services***

It is anticipated that additional services offered at the SLO Noor Clinic such physical therapy and case management by social workers will continue with no changes during 2012-2013. Health education offerings will continue and we will monitor patient health profile trends and tailor the curriculum as needed.

Request for Application - FY 2013-14  
PROGRAM BUDGET REQUEST FORM

	Project Expense	Grant Budget Requested	Other Funding Available* Amt. & source
<b>I. PERSONNEL EXPENSES</b> (associated with the proposed project)			
Clinic Manager – 40hrs/wk (\$3,440 mo.)	\$ 48,000		\$ 600 @
Clinic Coordinator – 20hrs/wk (\$2,000 mo)	\$ 24,000		\$ 600 @
Nurse Practitioner – 25 hrs/wk. (6 mos. @ \$4,333 mo)	\$ 26,000	\$ 10,000	\$ 60,300 @
Temp Labor – Dental (during start-up only)	\$ 500		
Taxes & Benefits – included in figures listed)	-----		
<i>Volunteer Medical Services Providers</i> <i>(We project the value to be \$375,000)</i>			
<b>Subtotal – Personnel Expenses</b>	\$ 98,500	\$ 10,000	\$ 88,500
<b>II. OPERATING EXPENSES</b>			
<b>Medical Expenses</b>	\$ 126,700	\$ 100,000	\$ 18,800 @
Supplies (Est. \$28,500)			\$ 7,900 NS
Small Equip. & Maintenance (Est. \$6,700)			
Hazardous Waste Disposal (Est. \$1,500)			
Diagnostic Expenses (Est. \$90,000)			
<i>Possible breakdown, but this is an estimate:</i>			
40 Mammograms – (Avg. \$210 ea = \$8,400)			
40 X-rays (Avg. \$174 ea = \$6,960)			
20 Colonoscopies (Avg. \$2,758 ea = \$54,840)			
38 PSAs (Avg. \$80 ea = \$3,040)			
10 CT Scan/Neck/Pelvis/Spine (\$1,216 ea=\$12,160)			
1 PET Scan (\$4,600 ea = \$4,600)			
<b>Core Operating Expenses</b>	\$ 85,584	\$ 30,150	\$ 45,584 NS
Rent (\$37,020); Utilities/Phone (\$3,360),			
Professional Fees (\$15,500), Insurance (\$10,800),			
Licensing (\$6,434), and Misc. (\$12,470)			
<b>Capital Outlay (Permanent Equipment)</b>	\$ 0	\$ 0	
	-----	-----	-----
<b>Subtotal – Operating Expenses</b>	\$212,284	\$ 130,150	\$ 72,284
<b>VI. INDIRECT @ 10% OF PAID PERSONNEL</b>		\$ 9,850	
<b>Total Grant Project Expenses</b>	\$310,784	\$ 150,000	\$ 160,784

\*List in this column all agency funds available to support the project. Indicate with a "@" next to the amount that are in-kind and a "NS" for those not yet secured.



## **BUDGET NARRATIVE:**

Request for Application – FY 2013-14

### **Personnel:**

The Clinic Manager is budgeted at \$48,000 (\$3,440/mo) for 40/hrs weekly; the Clinic Coordinator is budgeted at \$24,000 for 20/hrs weekly; the Nurse Practitioner is budgeted at \$26,000 (\$4,333/mo) for SIX months at 25/hrs/wk.; the Temp Labor for Dental Clinic is budgeted at \$500 for Dental Assistant services during start-up only. We've been recruiting Dental Assistants to volunteer, but have been advised by other free clinics that personnel made need to be hired for a brief period. For all positions, benefits & payroll taxes have been included in figures listed. We request \$10,000 so we may hire a Nurse Practitioner during 2012 while we accrue 12 months of funding for 2014 from Noor Foundation fundraising events and donations. Additional funding to come \$1,200 in grant funding received from Dignity Health (French & AG Hospitals) in Jan. 2012 and \$60,300 from Noor Foundation as in-kind. *Note: The value (calculated per EDD's median wage standards) of Medical Volunteers is \$375,000 for 12 months.*

### **Operating Expenses:**

#### **Medical Expenses:**

Individual patient age, health status and history as evaluated by clinic physicians will determine the actual types and number of tests required, so it is likely there will be fluctuations in the actual number of tests given and supplies needed during the budget period. Example: we may need fewer CT scans, but have an influx of age appropriate patients which warrants a need to schedule more colonoscopies ... or the dental clinic may be so inundated with patients that we need to order more supplies than projected. So we ask for flexibility to accommodate meeting the costs for medically advised treatments. Our estimated budget breakdown at this time is \$28,500 for **medical/dental/vision supplies**. (This includes items such as lab test kits, compounds for dental procedures, gauze, Towelettes, etc.); \$6,700 for **small equipment & maintenance** (which includes items such as blood pressure cuffs, syringes, and replacement drills for dental equipment); \$1,500 for **hazardous waste disposal** which is a clinic requirement; and \$90,000 for out-sourced **diagnostics** (such as X-rays, mammograms, etc.). The \$126,700 is the total budgeted. An amount of \$100,000 is requested; the balance to come from \$18,800 grant funding awarded Jan. 2013 from Dignity Health (French & AG Hospitals) and pending grant applications to Central Coast Wine Classic, Union Pacific Railroad Foundation and Noor Foundation as in-kind.

**Core Operating Expenses:** Rent is \$1,885/mo for the 1,450 SF Phillips Lane clinic office and \$1,200/mo. for the Higuera St. location for dental operations. Total for 12 months is \$37,020). **Utilities/phone** have been budgeted at \$3,360 for 12 months. **Professional Fees** are budgeted at \$15,500 for 12 months. **Insurance** costs are budgeted at \$10,800 for 12 months. **Licensing** is budgeted at \$6,434 for 12 months and **Misc.** (office paper products, temporary storage unit rental, alarm service, advertising/program promotion, property taxes, etc.) As these core operating costs (like rent) are necessary to provide medical services, we request \$30,150. The balance (\$45,585) will come from SLO Noor Foundation through a combination of fundraising events, donations, and grant applications submitted during 2013.

#### **Indirect:**

The indirect expense calculation is based on 10% of total cost of \$98,500 for salaries/taxes/benefits for the paid employees as described in *Personnel Expenses* above.